

The Application of DNR orders in clinical practise focused on the issue

Non providing aid

Do Not Resuscitate orders, as a special type of advanced directives, constitutes an impressive framework full of dilemmas, both between the patient's right to autonomy, self-determination and the physician's duty to provide proper medical care and between the patient's right to autonomy and physician's tendency to apply his/her professional medical opinion. As well this issue has not only the medical and the legal aspect but it possess ethical, sociological and even economical ones, indeed.

Despite the fact there are some provisions on the regulation of advance directives at the moment available, neither the position of the patient nor the position of the doctor is actually solved. Furthermore, the legal state of advance directives forces the doctors in order to protect themselves to ignore on purpose the knowledge that there are some advance directives being made by the full competent patient. The consequences of not providing aid are rush ones, with a great possibility of imposing criminal liability for commission of one of the offences against person. On the other hand, the legal protection offered by the means of tort law of the autonomy and selfdetermination of the patient is quite weak, especially in comparison to the protection which is served to his life and health. This inevitably leads to the trend that doctors even not in doubt just do not care about the advance directives because they can afford to deal with the damages arisen from infringement of personal integrity, but not at all with the criminal proceeding.

With this diploma thesis, the comparative method was used to introduce already established policies in some European countries and the USA, with attempt to highlight the useful practice and the weakness of the systems as well. More concretely, the description of USA policy was chosen because of the great length of experience and massive campaign as the patient's rights are concerned. The UK was observed because of the great amount of relevant case law. The Germany has just recovered from the passage of the new Patientenverfügungsgesetz and Spain occurs to be in the same position

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as the Czech Republic as the fact that it has signed the European Convention on Biomedicine.

Whilst a new Bill with some more detailed provisions on advance directives is passing through the Parliament, it was in this work subjected to the critical evaluation in compliance with the foreign inspiration and sources.

Via the debate on advance directives and especially on Do Not Resuscitate orders the space is to be made to show the importance of other fundamental human rights, as the right to dignity, right to autonomy and self-determination.